

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214515053				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THD At-Home Services, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1417734</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2455 PACES FERRY ROAD NORTHWEST</p> <p style="text-align: center;">CITY/ST/ZIP: ATLANTA, GA 30339</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARVIN ELLISON TITLE: PRESIDENT ADDRESS: 2455 PACES FERRY RD CITY/ST/ZIP/CO: ATLANTA, GA 30339 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARVIN ELLISON TITLE: PRESIDENT ADDRESS: 2455 PACES FERRY RD CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	STUART GRAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	JOCELYN J. HUNTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	JAMES D. BRAMLETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	KAREN DEWALT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	DWAINE KIMMET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2455 PACES FERRY ROAD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	DUANE A. PORTWOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	MARVIN R. ELLISON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	BOYD LIPHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	QUALIF. OFFICER		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	LYNE CASTONGUAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	TIMOTHY M. CROW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP- HR		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		
NAME:	SCOTT SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP - COMP&BENIF		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA , GA 30339		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON H. CARMACK VICE PRESIDENT 2455 PACES FERRY RD ATLANTA , GA 30339	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ STACY S INGRAM		STACY S INGRAM, ASST SEC		3/21/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					